



OFFICE OF

PLACER COUNTY CLERK – RECORDER – REGISTRAR OF VOTERS

Clerk-Recorder Division • 2954 Richardson Drive • Auburn, CA 95603
(530) 886-5600 • FAX (530) 886-5687
www.placer.ca.gov

JIM McCAULEY
County Clerk-Recorder-Registrar

GLORIA COUTTS
Assistant County Clerk

APPLICATION FOR MILITARY RECORDS

California Government Code, Section 6107(b), permits only authorized persons as defined below to receive Certified Copies of MILITARY RECORDS.

Section I: Complete for Certified Copy of MILITARY RECORD. (please print)

Name on Record (Last, First, Middle)

Name of Applicant

Today's Date

Telephone Number

()

Mailing Address

City

State

Zip

Signature of Applicant

Section II: Complete for Certified Copy

Relationship of applicant to registrant:

- ☐ Registrant (Name on Military Record)
- ☐ Family Member
- ☐ Veterans Service Office
- ☐ United States Official
- ☐ Legal Representative of Registrant

I, _____ swear (or affirm) under penalty of perjury under the laws of the State of California, that I am an authorized person, as defined in California Government Code 6107(b), and am eligible to receive an certified copy of the military record identified on this application form.

Sworn this _____ day of _____, 20____, at _____
(City and State)

Signature _____

Office Use:

Bk/Page _____ Deputy _____ ID _____ Date _____

INSTRUCTIONS FOR MAIL-IN APPLICATIONS

Mail-in requests for an Authorized Military Record must be accompanied by a completed Sworn Statement (below) - signed in the presence of a Notary Public. Only one notarized sworn statement is required for multiple records requested at the same time; however, the sworn statement must include the name of each individual whose record you wish to obtain and your relationship to that individual.

Mail your completed application and notarized sworn statement to:

Placer County Clerk
2954 Richardson Drive
Auburn, CA 95603

SWORN STATEMENT

I, _____, swear under penalty of perjury under the laws of the State of California, that I am an authorized person, as defined in California Government Code Section 6107 (b), and am eligible to receive a certified copy of the military record of the following individual(s):

Name of Person on Military Record	Relationship to Person on Military Record

Signature _____ Date _____ Place _____.

NOTARIZATION NOT REQUIRED FOR GOVERNMENT AGENCIES.

State of California

County of _____.

On _____ before me, _____,

personally appeared _____,

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument, the person or entity upon behalf of which the person acted, executed the instrument.

Witness my hand and official seal

Signature _____.